

SASKATOON COUNCIL ON AGING INC.
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COMING of AGE

A Publication of the Saskatoon Council on Aging

Council plans new project

Plans to Ease Senior Isolation

The Saskatoon Council on Aging is waiting hopefully for federal approval of its proposal to develop a community initiative to address isolation among the city's seniors.

The proposal is being studied by staff of Health Canada's Seniors Independence Program, and steering committee chair Wilma Mollard says that "unless something drastic

happens with the new administration, we think it will go through."

The three-year project would involve community agencies in finding ways to reduce the isolation many Saskatoon seniors experience, and strengthen their independence.

At the moment, two thrusts are proposed: one which would create two Wellness Centres in the city by the end of 1996 and involve the media in two-way communication with seniors — 'Reaching In/Reaching Out' — and a second to provide urgently-needed respite for caregivers.

However, Mrs. Mollard says these are not definite because the steering committee, which is not yet complete, "will ultimately set the direction." It will involve representatives of major interest groups, including senior groups, caregivers, Home Care, housing, the Saskatoon District Health Board.

Although the Council has been deeply involved in planning and preparing the proposal, "it will not own the project," Mrs. Mollard says. It hopes to be a catalyst, and would relinquish major responsibility for a

program initiative to a willing and appropriate partner agency.

This is just one of the Council's projects for this winter. The elder abuse committee is printing copies of a new protocol for use by social agencies which deal with such abuse, and has an awareness subcommittee at work planning an active campaign for education of public and professionals about elder abuse.

At the Centre, regular monthly blood pressure clinics are being held the first Tuesday in each month from 11 a.m. to 2 p.m., with retired nurses present to take seniors' blood pressure.

SENIORS' RESOURCE CENTRE

Drop by or telephone for information or referrals on seniors' programs, services

240 22nd St. East
652-2255

SASKATOON COUNCIL ON AGING

INSIDE

- Healthy laughter2
- Zoë and her city3
- Care for the dying.....4, 5
- Choosing an executor.....6
- Elder abuse update7
- A senior poet8

Laughter: topnotch medicine that's free

Laughter is one of the best medicines around. It's free, you need no prescription, there are no ill effects, it's non-toxic, environmentally friendly, and anyone can do it. What's more — it's healthy and contagious.

Laughing is like an aerobic workout. "People are surprised to learn that laughter is actually a form of exercise," William Fry MD, associate clinical professor emeritus of psychiatry at Stanford University, wrote in an article in the magazine *First for Women*, summarized here. He said laughing 100 times a day gives your heart and lungs the same boost as 10 minutes of rowing.

Tickling the funny bone seems to cause the body to release natural painkillers, increasing our tolerance for discomfort. It also mobilizes infection-fighting antibodies such as Immunoglobulin A, found in saliva. This helps our bodies fend off infection.

Other research suggests that a sense of humor decreases the blood levels of stress hormones, such as adrenaline and cortisol, that make us vulnerable to illness. A study at Loma Linda University School of Medicine and Public Health set 10 medical students to watch a funny movie while 10 others sat quietly in another room. Blood samples taken later showed that those who saw the film had dramatically lower stress-hormone levels.

Not surprisingly, health care facilities are catching on to the magic of mirth. Many have 'laugh-mobiles' or 'comedy carts' stocked with funny books, tapes and games.

Hospital humor rooms provide amusing films as well as live stand-up comedy. Some geriatric facilities have set up 'geri-antics' programs, and one senior home in Florida established a humor hotline and calls homebound seniors with a joke of the day.

A bout of giggles provides health benefits.

Psychological benefits:

- Extinguishes body tension
- Gives a psychological boost
- Reduces stress

Cardiovascular benefits:

- Decreases blood pressure
- Lowers heart rate
- Enhances circulation

Muscular benefits:

- Strengthens heart muscles
- Relaxes muscles throughout the body
- Helps to move nutrients and oxygen to body tissues

Margaret Mack

Programs focus on keeping seniors healthy

Programs of the Saskatoon Community Health Unit and the Frances Morrison Public Library are gearing in on seniors' health this fall.

The Community Health Unit launched its Older Adult Wellness program in September as a health education service. It provides ongoing health education presentations to 12 senior housing complexes, on topics selected by the residents.

Community Health Nurse Beverly Peterson and nutritionist Heather Drozd offered the program.

The Fully Alive program at the Public Library offered 10 Tuesday afternoons filled with information on everything from self-esteem to stress, grief and depression. The same Health Unit staff were involved in the program, which ended Nov. 16.

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Zoë and her city

Zoë Dallas

By Jenni Mortin

Over coffee in her apartment high in Nutana Towers, Zoë Dallas is reminiscing about her 34 years as a reporter, editor and columnist at the Saskatoon Star-Phoenix, and the string of pearls inevitably comes up.

When she joined the SP women's department, weddings were reported in mind-numbing detail and read with an eagle eye by all who knew the happy couple, particularly the bride's mother.

Zoë will never forget the time several lines of type were accidentally dropped from a wedding story, which then read: "The bride wore a string of pearls." The bride's mother was not amused.

For many Saskatoon people, Zoë was probably the best-known person at the Star-Phoenix. Her involvement and influence reached their high point when she wrote a five-times-a-week column with byline and photograph.

Her wide experience with women's organizations gave her the contacts which enabled her to write a regular column, she says. She remembers when more than 200 organizations, plus church groups, did an incredible amount of volunteer work, benefiting Saskatoon.

"Women's pages are long gone from the daily newspaper," she wrote in a Star-Phoenix supplement celebrating Saskatoon's Centennial. "But in their time they recorded the social history of a small colony growing to a city."

They also recorded the broadening of women's interests, from the achievement of votes to the

status of women movement in the 1960s, says Zoë.

She was a newcomer to Saskatoon when she joined the Star-Phoenix in 1942. Her husband Alistair, a First World War veteran, had died in Regina and she had a young son to support. She joined her mother and sisters in a big house in Nutana, and went to work as Star-Phoenix assistant women's editor.

Though she had edited the Humboldt high school paper, she knew nothing about daily newspapers. But she knew her \$20 a week salary was \$5 more than secretaries were being paid.

She learned newspapering on the job, and remembers going back at night to practice writing headlines. She often blessed the linotype operators who seemed to know everyone in the city of 40,000 and corrected mis-spelled names.

Reporters met each morning at the Elite Cafe for coffee with anyone who dropped in, she remembers, and then walked up one side of Second Avenue and down the other gathering news. Their stories were ready for publication in the afternoon paper.

When she arrived in the "wartime city just coming out of the Depression, badly hit by it," she knew few people. When she retired in 1976, she knew practically everyone.

"The thing about the job was the people."

Though she finds it hard to believe she's been retired for 17 years, Zoë isn't sorry she left before computers became so important at newspapers. She has never used one.

Since a mild heart attack in her garden, she walks regularly with a group at the Field House, and along the riverbank while it was closed. She volunteers at City Hospital, and at the Fringe on Broadway last summer.

In 1975, International Women's Year, she was named one of Saskatoon's outstanding women. On her 80th birthday, friends from the Saskatoon Media Club planted a tree for her along the Meewasin Trail. She has received many other honors.

But when she looks back on an unexpected but wonderful career, it is people who come quickly to mind, the people who built the city she will always call home.

By Jenni Mortin

Modern society complains about the increasing use of four-letter words, but there's a five-letter word that most people avoid and even fear. That word is D-E-A-T-H.

Society masks the fact that the cycle of life includes death, even to avoiding the word, says Nancy Guebert, director of care services at Lutheran Sunset Home and until last spring, nurse manager of the palliative care unit at St. Paul's Hospital, the only such facility in Saskatchewan.

The new palliative care program at Lutheran Sunset Home, the St. Paul's unit, the palliative care consultation teams at the other hospitals and the program of Home Care Saskatoon District all reflect the growing emphasis on helping the dying and their families going along what Mrs. Guebert calls "the road travelled only once."

"It is important to make journeying with that person to death a positive experience," she says.

St. Paul's opened its palliative care unit in 1990 and last year the 12 beds were occupied 88 per cent of the time. There is usually a waiting list. Residents are terminally-ill patients who experience distressing or uncontrolled symptoms and need intensive medical management, says nurse manager Denise Budz. Three kinds of care are provided: symptom management, respite care and terminal care.

Each resident has a private room with a view of the city, and is encouraged to make it more homelike with personal belongings. Family members can stay overnight in a special chair/bed.

Length of stay in the palliative care unit is limited, since there is only one. If the needs of patient and family can be met at home, through community-based services, that is preferable; home deaths are encouraged wherever possible.

Many people want to die at home, but if this isn't possible and death is anticipated within hours or days, patients can be admitted urgently, or by prior arrangement, says Ms. Budz.

While most hospital wards today are high-tech, the palliative care unit is "high-touch". Its team includes doctors, nurses, physical therapist, dietitian,

PALLIATIVE CARE

A loving handclasp

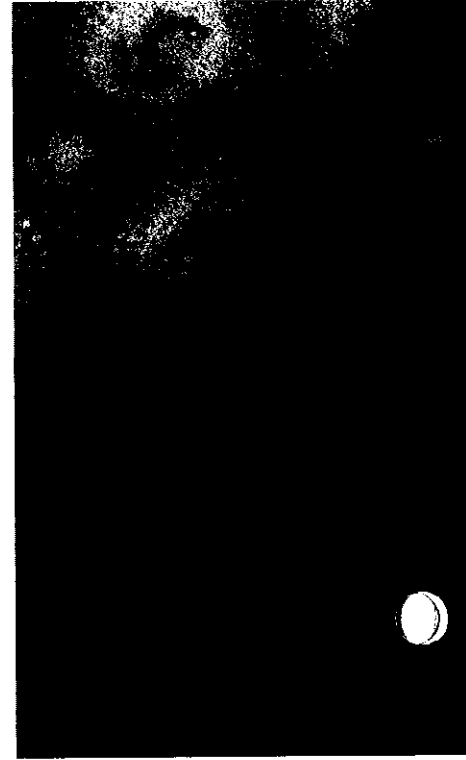
social worker, pharmacist, pastoral care worker and volunteers, and — crucially — family members who share in family conferences with patient and team.

With kitchen, day room, music room, quiet rooms, washer/dryer, two whirlpool tubs and a bedroom for family, the unit becomes, as much as possible, an extension of the patient's home. The patient controls such things as when to take pills or bath, or how late to sleep.

"We really place emphasis on assisting patients to 'live' until they die," Denise Budz says, adding that staff feel privileged to work in this area.

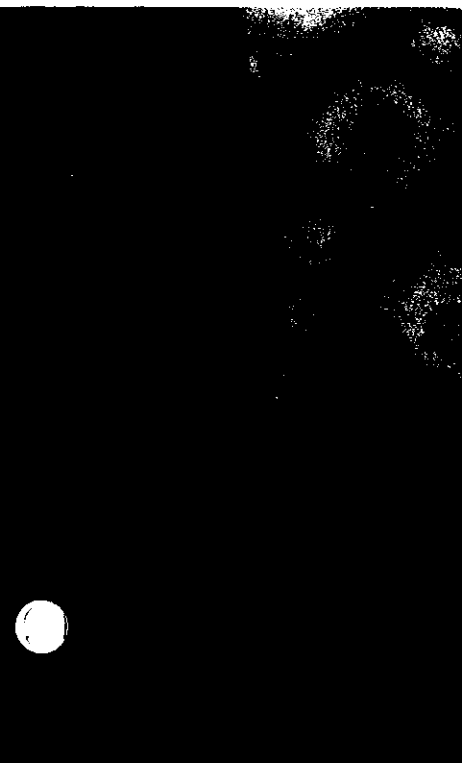
Other hospitals, including many in rural Saskatchewan, also set aside beds for palliative care, and twice a year the continuing nursing education program at the University of Saskatchewan offers workshops to nurses from rural areas.

When Nancy Guebert left St. Paul's to join the staff of Lutheran Sunset Home in March, she was eager to encourage the idea that palliative care can be delivered in long-term care homes, when residents become terminally ill. They will not necessarily have to go to hospital.



VE CARE:

as one nears the end



She knew palliative care and comfort could be provided "in their home" to those in the terminal stages of life, but she had to find out if residents of Lutheran Sunset Home wanted it. She talked with them, their families and doctors about how much intervention they wanted when they neared the end. Some want to go to hospital when they need acute care, she learned, but those in the end stages of disease "want to

be able to stay here."

She points out that when a resident of a long-term care facility dies in hospital, other residents and staff get no chance to say goodbye. That goodbye is important, she says, for those people are part of the resident's family.

Much palliative care has been provided at Lutheran Sunset Home in the last few months, she says. It has been a challenge for the staff "but they are doing a tremendous job." She planned some in-service with them this fall.

The Saskatoon Home Care District has always provided some palliative care, but the program was formalized about 1989, says palliative care co-ordinator Cathy Jeffery.

Staff began working with the teams at Saskatoon hospitals.

She gets referrals from Home Care nurses and client care co-ordinator, often for people who have been receiving home care regularly. Outside referrals come from doctors, clients, potential clients and caregivers.

In September, the district had 35 palliative care clients. They often move in and out, sometimes discharged by death, other times by improving health. Most of these clients are people with cancer, but that may be expanded, Mrs. Jeffery says.

When a new client joins the program, perhaps after discharge from hospital, that person can expect visits from nurses specially trained in symptom management who will do mitigations, dressings, and control of pain from the symptoms, and advise on what to expect. Trained home health aides will come into the home.

That new client can also expect Home Care to co-ordinate other community agencies to provide other needed services. Mrs. Jeffery says community services in Saskatoon are still fragmented, "but once all the services are put together you can get a fairly decent service."

Palliative home care costs the same as other home care service: \$5.60 an hour for the first 10 hours, and then it is based on income. "We look for ways to reduce it," she says.

However, the Home Care service cannot replace the family caregiver. It supplements and assists those caregivers.

The family is not forgotten after death occurs. The St. Paul's palliative care unit provides support, including the important Bereavement Teas every other month. Home Care will recommend bereavement follow-up services also, and nurses do bereavement visits.

These deaths may not always be easy, but they will not be frightening. Nancy Guebert speaks of "coaching someone through death" the way a labour coach helps a woman through birth. "Death on one level can be seen as a successful thing a person has done," says Cathy Jeffery. Being part of that is special.

CHOOSE YOUR EXECUTOR WITH GREAT CARE

One of the most important decisions you will have to make in your life is choosing an executor for your estate. Your choice of executor can be as important as your will itself.

The role of executor must not be taken lightly. It is the executor who is responsible for attending to all your affairs after your death and is accountable to all your beneficiaries. The executor should be knowledgeable about estate administration and prepared to spend time dealing with estate matters.

Your executor must collect and safeguard your assets, value the assets, obtain probate, pay bills, file tax returns, report to beneficiaries regularly and distribute your estate in accordance with your will, plus other duties. He or she will likely be required to make many decisions in dealing with your assets and may even have to get involved in solving family quarrels; that could lead to taking the matter to court to get it resolved.

Trustee

If, through your will, you direct that some funds be held in trust for a beneficiary for a period of time, your executor will likely be your trustee. An example would be funds held for your grandchildren. Such trusts can carry on for many years, so you want to be sure that the trustee will be able to carry out the terms of the trust.

Who can you choose to be your executor?

Husbands and wives who have most of their assets in their joint names can likely act as each other's executor. But if your spouse is deceased or unable to act, you can appoint children, a family friend, or a professional such as an accountant, a lawyer or a trust company.

Co-executors

You might also consider naming co-executors, your son or daughter with a trust company. They will jointly administer the estate and share the responsibility. This provides family representation along with expertise in estate administration.

Choosing an executor is an important decision. Choose wisely and with care.

Garth Courtney

(Garth Courtney is an account executive with Canada Trust in Saskatoon.)

Centre fosters intellectual health

Have you thought about your intellectual health? Scientists claim brain cells do not deteriorate in an enriched environment; they actually grow! We know the need to learn and grow never stops and as seniors, we have time to indulge in our intellectual interests.

We encourage you to visit the Resource Centre on 21st Street to use its wealth of materials dealing with recreation and leisure services. Many seniors enjoy travel and entertainment, therefore it is important to learn about the new health trends in Canada, which will keep us fit and amongst the active aged.

Most of us will face minor or major health problems. The Centre has up-to-date information about prescription and over-the-counter drugs, hearing aids, home care, cancer, Alzheimer's, etc.

There are articles on income security, housing, transportation, nutrition, services for seniors.

At the Resource Centre, Valerie Shordee, the gracious, knowledgeable office manager, will assist you.

DROP-IN BLOOD PRESSURE CLINICS

First Tuesday of each month, 11 a.m. - 2 p.m.
Saskatoon Council on Aging, 240- 22nd St. East

Purpose: to monitor blood pressure and weight on a monthly basis
Retired nurses will be present to take your blood pressure

For more information, phone the Council on Aging office,
652-2255, or Mary Levers, 343-6628

Learning more about abuse

Work on the complex problem of elder abuse has only begun, and both short-term and long-term solutions must be sought and promoted, people who work with seniors have told the Saskatoon Committee on Abuse of the Elderly.

The committee is sponsored and funded by the Saskatoon Council on Aging.

Thirty-six people who work with seniors in health care, social services, community services, education, law and crime control were interviewed by Susan Robertson for the committee's Research Subcommittee.

Their experience suggests that elder abuse is a complex problem, Susan reports in a working paper, 'Human Service Workers and the Problem of Elder Abuse.' They consider it naive to presume that it can be reduced to single causes or that there are easy solutions.

The 1991 census reported that 19,629 people 65 and over lived in Saskatoon, 10.9 per cent of the population. About 25 per cent of those were 80 or over. There were more women than men.

If this trend to an aging population continues, says the paper, we can expect to see seniors become increasingly visible and their well-being will become more and more of a priority for the general community.

Susan was gathering information on the extent to which elder abuse is seen as a problem in Saskatoon, the forms of abuse found here and the extent to which it is documented by human service workers.

She also sought to find the characteristics and conditions associated with elder abuse and the factors which are seen to precipitate it, the strategies human service workers use to deal with it, and evaluations of the usefulness of various models for addressing the problem.

easy to resolve, partly because of the requirement for confidentiality and the possibility of liability.

However, all knew of cases of elder abuse, and many had encountered it. Some spoke of financial abuse, others of abuse of the cognitively impaired. Abuse of their elders by family members was described, and problems of neglect and isolation.

Asked for suggestions on how to deal with the problem, the workers proposed ideas in the general areas of adult welfare legislation and advocacy. They called for:

- A central clearinghouse for information about elder abuse, and a central location for reporting encounters with such abuse and obtaining directions on how to proceed;
- Information and education on the rights and responsibilities of people affected by abuse, directly or indirectly;
- More respite care and emergency shelters for seniors;
- Efforts to promote community-building within organizations, care homes, institutions, neighborhoods, senior complexes, etc.;
- Some sort of advocate to act in the best interests of seniors who may be unable to do so themselves;
- More awareness and sensitivity to the issue of elder abuse and problems of sexism and ageism generally.

SASKATOON SENIORS, AGE/SEX 1991			
AGE GROUP	% MEN	% WOMEN	TOTAL
65 - 69	44.9 %	55.1 %	29.6 %
70 - 74	41.9 %	58.1 %	25.5 %
75 - 79	38.5 %	61.5 %	20.3 %
80 - 84	35.7 %	64.3 %	13.9 %
85 - 89	34.5 %	65.5 %	7.1 %
90 - 94	28.5 %	71.5 %	2.6 %
95 +	26.0 %	74.0 %	1.0 %

"It is subjective information that has been obtained from persons who can be expected to be relatively well-informed about the subject by virtue of their working experiences with senior members of the community."

None of those interviewed could provide documented information for making reliable estimates of the extent of elder abuse in Saskatoon, or the prevalence of particular types of abuse. They said documentation is a complex problem that is not

A senior poet

DRESSING TO THE NINES

Most all my friends dress to the nines
while I write lines
So I decided I could do that.
You see, my figure was no longer where it
used to be at
I could no longer zip my dress up the back.
So I bent and I stretched
till I did my back in;
I dieted, only my face got thin.
So I looked at my hair
mousy and grey!!!
Then I remembered I'd heard people say
Blondes have more fun;
I'll dye it today.
Now recolored, my vanity high,
that's when I noticed my teeth were awry
So I had them replaced — and a cataract
removed from this eye.
Now truly restyled, I went out to buy
A pretty new outfit and heels that were high.
I got all dressed up and I was dancing around,
I felt so good I wanted to show off.
I thought I'll take a bus and
I'll go up town.
It was filled full of students
no place to sit down
I reached for the rail
I was feeling so bright
But I almost fell down
when the bus turned to the right.
Then a voice loud and clear
From the back of the bus:
"Give that old lady a seat
before she makes a fuss."
Believe me, I sat down to hide
my blushing red face
for the rest of the ride
Now I'm going back to writing my lines
and I'll leave it to you people to
dress to the nines.



Jean Wilson and her poem, 'Dressing to the Nines,' won the Seniors' Month Talent Show held June 11 at the Saskatoon Public Library. Then she wrote the poem below.

PARTICIPATION

The library sponsored a contest,
I was asked to participate
to recite a poem
one of my own.
Why did I hesitate?
People had to listen to me.
The room was packed to capacity
I could not see a face I knew
I stood there - holding a mike
hoping words would come through.
Once I began, I was all wrapped up
in portraying my image
to the folk I couldn't see.
I heard laughter
was it at me or for me?